



# SCHOLARSHIP APPLICATION

Incomplete applications WILL NOT be considered for awards.

Please type or print clearly.

APPLICANT INFORMATION						
Last Name		First Name:		M.I.	Date:	
Street Address:				Apartment/Unit #		
City:			State:		ZIP:	
Phone:		HT E-mail:		HT ID#:	HT Cumulative GPA:	
U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth:				
Ethnicity/Race:		Mbr United Methodist Church: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mbr United Church of Christ: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other (Religious):

EDUCATION						
Completed FAFSA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:		Included HT Code 003577 on FAFSA: <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School attended:			City:		State:	
Dates attended:		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:		H.S. Cumulative GPA:
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate						
Major:		Career Field:		Capstone project: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Extra-Curricular/Community Activities

Additional Information you would like considered for scholarship assistance.

***Essay Topic: WHAT ARE YOUR CAREER GOALS?
500 word essay on separate pages; Include your name and HT ID# in the top right corner.

Certification Signature
I certify that my answers are true and complete to the best of my knowledge.
Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Initials		Date
	Application Received	
	Application Verified Correct	